

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION

FEB 25 2020

Donald Gene Walton 02064560  
Plaintiff's Name and ID Number

BY  
DEPUTY \_\_\_\_\_

MARK W. STILES (M17 TDCJ)  
Place of Confinement

CASE NO. 1:20cw70  
(Clerk will assign the number)

v.

Truncate Hawthorn

UTMB Medical  
Defendant's Name and Address

TDCJ P.O. Box 99 Huntsville, TX  
Defendant's Name and Address

\_\_\_\_\_  
Defendant's Name and Address  
(DO NOT USE "ET AL.")

**INSTRUCTIONS - READ CAREFULLY**

**NOTICE:**

**Your complaint is subject to dismissal unless it conforms to these instructions and this form.**

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACKSIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

II. PLACE OF PRESENT CONFINEMENT: MARK W. STILES UNIT BEAUMONT, TX

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? ☒ YES ☐ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: DENARD GENE WALTON 02064560  
STILES UNIT 9060 FM 3514 BEAUMONT, TX. 77705

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: LORI DAVIS, DIRECTOR TDCS  
P.O. Box 99 HUNTSVILLE, TX. 77342

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

FAILURE TO PROVIDE MEDICAL SERVICES THAT RESULTED IN OPEN WOUNDS TO RIGHT STUMP

Defendant #2: CALVIN E. TUCKER - WARDEN

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

FAILED TO PROVIDE MEDICAL SERVICES THAT RESULTED IN OPEN WOUNDS TO STUMP

Defendant #3: ROBERT CADE, - TRANSPORTATION AND SUPPLY

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

FAILURE TO PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS CAUSING INJURIES

Defendant #4: ROCKELLA L. NEAL - MAJOR ON STILES UNIT

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

FAILED TO PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS CAUSING INJURIES

Defendant #5: MERICA GOODMAN - CAPTAIN STILES UNIT

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

FAILED TO PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS CAUSING INJURIES

II. PLACE OF PRESENT CONFINEMENT: N/A

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: DONALD BEVE WALTON 02064500  
STILES UNIT 3060 FM 3514 BEAUMONT, TX. 77705

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: DARREN WALLACE - WARDEN STILES UNIT

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Failed to provide transportation to medical appointments causing injuries

Defendant #2: Edward Delore - SENIOR PRACTICE MANAGER FOR  
UTMB Medical on STILES UNIT.

Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

Failure to provide transportation to medical appointments causing injuries

Defendant #3: DR STEPHANIE C. ALLEN - SUPERVISOR AT UTMB  
BRACE AND Limb Dept- AT ESTELLE E-2 UNIT

Briefly describe the acts(s) or omission(s) of this defendant which you claimed harmed you.

Failure to provide Plaintiff medical equipment causing severe injuries

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I am a double amputee, (Both legs Below the knees), and have been denied medical care, equipment, and transportation to off site medical appointments to Estelle Unit E-2 Brace and Limb. This has been and continues to be a serious problem from 2018 thru present day. Security and medical continue to say I am scheduled to go get new medical equipment but I get cancelled before I am scheduled to go. Due to this continuous problem my life is in danger due to reoccurring wounds and infection that could cause more amputations or death.

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Provide All Medical Equipment Needed To Prevent more injuries,

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

DONALD GENE WALTON

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

TDCJ # 02064500

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): N/A

2. Case number: N/A

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied? N/A YES ☐ NO ☐

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES ☒ NO

D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)

1. Court that issued warning (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date warning was issued: N/A

Executed on: 2/20/20  
DATE

DONALD GENE WALTON  
Donald Gene Walton  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 20<sup>th</sup> day of Feb, 20 20.  
(Day) (month) (year)

DONALD GENE WALTON  
Donald Gene Walton  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION

DONALD GENE WALTON  
PLAINTIFF

V.

CIVIL ACTION #

LORI DAVIS TDCJ

CARVIN E. TUCKER TDCJ

ROBERT CADE TDCJ

ROCKELLA L. NEAL TDCJ

MONICA GOODMAN TDCJ

DARREN WALLACE TDCJ

EDWARD DELONE UTMB

STEPHANIE ABRON UTMB

DEFENDANTS

TO THE HONORABLE JUDGE OF SAID COURT

NOW COMES DONALD GENE WALTON 02064500,  
AND PRESENTS TO THE COURT HIS 1983 CIVIL ACTION.

DONALD GENE WALTON, AKA THE PLAINTIFF,  
PRESENTS THE FOLLOWING FACTS:

### INTRODUCTION

THIS CASE IS ABOUT THE NEGLIGENCE SUFFERED  
BY THE PLAINTIFF, DONALD GENE WALTON, TDCJ #02064500,  
CAUSED BY THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE.

FOR MORE THAN 2 (TWO) YEARS THE PLAINTIFF HAS  
BEEN DENIED ACCESS TO OUTSIDE/OFF SITE MEDICAL  
CARE FOR HIS LEGS.

### SERVICE

ALL OF THE DEFENDANTS IN THIS COMPLAINT  
CAN BE SERVED THROUGH THE TEXAS ATTORNEY GENERAL'S  
OFFICE AT P.O. Box 12548 AUSTIN, TX. 78711-2548.

A COMPLAINT IS CONSIDERED FILED WHEN  
DROPPED IN THE PRISON MAIL/BOX.

THIS DOCUMENT WAS MAILED ON FEB. 20, 2020.  
HOUSTON V. LARK, 108 S.Ct. 2379, 2382

# VERIFIED COMPLAINT FOR DAMAGES AND INJUNCTIVE RELIEF

## I. INTRODUCTION

THE PLAINTIFF, DONALD GENE WALTON, A STATE PRISONER, ALLEGING VIOLATION OF HIS CONSTITUTIONAL RIGHTS TO RECEIVE MEDICAL CARE AND SEEKING INJUNCTIVE RELIEF AND MONEY DAMAGES. PLAINTIFF ALSO SEEKS AN INJUNCTION AND DAMAGES PURSUANT TO THE AMERICANS WITH DISABILITIES ACT AND THE REHABILITATION ACT.

## II SWORN DECLARATION

THE PLAINTIFF, UNDER PENALTY OF PERJURY THAT HIS MEDICAL NEEDS ARE SERIOUS AND HAS BEEN DIAGNOSED BY A PHYSICIAN AS MANDATING TREATMENT.

THE DELAY OF TREATMENT HAS CAUSED THE PLAINTIFF UNNECESSARY AND WANTON INFLICTION OF PAIN. ESTELLE V. GAMBLE 429 U.S. AT 104.

THE WOUNDS ON THE PLAINTIFF'S STUMP IS SUFFICIENT TO MAKE THE PLAINTIFF'S MEDICAL NEEDS SERIOUS.

THE PLAINTIFF SUBMITS EVIDENCE TO THE COURT THAT CREATES A GENUINE ISSUE OF MATERIAL FACT.



THE PLAINTIFF ALLEGES THE TORTS OF NEGLIGENCE.

### JURISDICTION

1. THE COURT HAS JURISDICTION OVER THE PLAINTIFF'S CLAIMS OF VIOLATION OF FEDERAL CONSTITUTIONAL RIGHTS UNDER 42 U.S.C. §§ 1331(1) AND 1343.

### PARTIES

2. THE PLAINTIFF, DONALD GENE WALTON, WAS AND STILL IS INCARCERATED AT THE MARK STILES UNIT OF THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE INSTITUTIONAL DIVISION IN BEAUMONT, TEXAS DURING THE EVENTS DESCRIBED IN THIS COMPLAINT.

3. DEFENDANT LORIE DAVIS IS THE DIRECTOR OF T.D.C.J. INSTITUTIONAL DIVISION.

SHE IS BEING SUED IN HER OFFICIAL CAPACITY.

4. CALVIN E. TUCKER WAS THE HEAD WARDEN OF THE STILES UNIT FROM 2018 TO 2019.

HE IS BEING SUED IN HIS OFFICIAL CAPACITY.

5. DARREN WAINAGE WAS THE HEAD WARDEN OF THE STILES UNIT FROM 2019 TO 2020.

HE IS BEING SUED IN HIS OFFICIAL CAPACITY.

6. Robert Cade is in charge of Transportation and Supply for the Texas Department of Criminal Justice (TDCJ).

He is Being Sued in His Official Capacity.

7. Rockella L. Neal is a Major on the Mark Stiles Unit in charge of Transportation and Drivers.

She is Being Sued in Her Official Capacity.

8. Monica M. Goodman a Captain on the Stiles Unit. She is also in charge of Transportation and Drivers.

She is Being Sued in Her Official Capacity.

9. Edward Delong is the Senior Practice Manager on the Mark Stiles Unit and is employed by the University of Texas Medical Branch (UTMB), a medical contractor of TDCJ. He is Being Sued in His Official Capacity.

10. Stephanie Abron is a Doctor employed by the University of Texas Medical Branch (UTMB) and is the Supervisor at the Brace and Limb department of UTMB on the Estelle E-2 Unit in Huntsville, TX.

She is Being Sued in Her Official Capacity.

## FACTS

The facts of this case will be shown that the Plaintiff followed TDCJ Grievance Policy and UTMB Sick Call and Grievance Policy. The Plaintiff has been unsuccessful in the informal resolution to

THIS COMPLAINT.

THE PLAINTIFF HAS SUFFERED MEDICAL NEGLECT AND HAS SUFFERED PHYSICAL INJURIES AND MENTAL ANGUISH DUE TO THE NEGLECT OF ALL PARTIES LISTED IN THIS 1983 COMPLAINT.

THE PLAINTIFF HAS BEEN RESCHEDULED / BUMPED MORE THAN TWELVE (12) TIMES FROM OCTOBER 2018 THRU JANUARY 2020, WHEN HE WAS SCHEDULED TO GO TO ESTELLE E-2 BRACE AND LIMB DEPARTMENT FOR NEW PROSTHETIC EQUIPMENT.

THE LAST TIME THE PLAINTIFF WAS ALLOWED TO GO TO ESTELLE E-2 BRACE AND LIMB WAS DECEMBER 2017, AT WHICH TIME HE DID RECEIVE TWO (2) NEW PROSTHETIC LEGS, PROSTHETIC SOCKS, PRE-LINERS, GEL LINERS AND MEDICAL SHOES.

ON AUGUST 28, 2019, THE PLAINTIFF WAS FINALLY ALLOWED TO GO TO ESTELLE E-2 BRACE AND LIMB.

THE PLAINTIFF WAS NOT ISSUED ANY NEW PROSTHETIC SUPPLIES HE SO DESPERATELY NEEDS, I.E., 2 RUBBER FEET, 4 GEL LINERS, PROSTHETIC SOCKS OR PRE-LINERS,

THE PLAINTIFF WAS ISSUED ONE (1) PAIR OF MEDICAL SHOES.

THE PLAINTIFF QUESTIONED THE UTMIB EMPLOYEE, ZACK, ABOUT NOT GETTING NEW SUPPLIES. ZACK REPLIED THAT HE DID NOT HAVE THE SUPPLIES IN STOCK.

ZACK, THE UTMIB Employee, STATED THE PLAINTIFF WOULD BE RESCHEDULED TO COME BACK IN SEPTEMBER 2019.

THE PLAINTIFF WAS NOT RESCHEDULED UNTIL OCTOBER 2019.

THE PLAINTIFF HAS BEEN RESCHEDULED/BUMPED MORE THAN TWELVE (12) TIMES FROM OCTOBER 2018 THRU JANUARY 2020.

THE PLAINTIFF CONTINUES TO BE DENIED ACCESS TO THE MEDICAL SUPPLIES NEEDED TO PREVENT MORE SERIOUS INJURIES OR EVEN MORE AMPUTATIONS.

THE PLAINTIFF SUFFERED A SERIOUS INJURY/PRESSURE wound TO THE END OF HIS RIGHT STUMP IN OCTOBER 2018.

THAT SERIOUS INJURY TOOK MORE THAN TEN (10) MONTHS TO HEAL DUE TO THE NEGLIGENCE, BREACH OF DUTY AND DUTY OF CARE OF THE TDCJ STAFF.

THE PLAINTIFF'S MEDICAL RECORDS PLAINLY SHOW MULTIPLE STATEMENTS MADE BY THE MEDICAL STAFF ASSIGNED TO THE INFIRMARY ON THE MARK STILES UNIT, STATING THE URGENCY FOR THE PLAINTIFF TO BE SENT TO ESTELLE E-2 BRACE AND LIMB TO GET THE PROPER MEDICAL EQUIPMENT NEEDED TO ALLOW HIS INJURY TO HEAL AND TO PREVENT ANY FURTHER SERIOUS INJURY TO HIS STUMPS.

THE PLAINTIFF HAS HAD BOTH LEGS AMPUTATED BELOW THE KNEES. THESE AMPUTATIONS TOOK PLACE IN MAY 2013 AND MAY 2014 DUE TO AN INFECTION KNOWN AS "METHICILLIN - RESISTANT STAPHYLOCOCCUS AUREUS" (MRSA).

ON NOVEMBER 24, 2015 THE PLAINTIFF WAS SENTENCED TO INCARCERATION IN THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE SYSTEM.

THE JUDGE, STATE PROSECUTOR AND THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE OFFICIALS WERE ALL AWARE OF THE PLAINTIFF'S SERIOUS MEDICAL NEEDS.

THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE OFFICIALS AND THE UNIVERSITY OF TEXAS MEDICAL BRANCH EMPLOYEES LISTED IN THIS COMPLAINT HAVE SERIOUSLY NEGLECTED THEIR DUTIES AND RESPONSIBILITIES TO PROVIDE THE PLAINTIFF PROPER MEDICAL CARE FOR HIS SERIOUS MEDICAL NEEDS CONCERNING HIS SERIOUS MEDICAL INJURY AND NECESSARY PROSTHETIC EQUIPMENT.

THE TDCJ OFFICIALS CONTINUE TO VIOLATE THE PLAINTIFF'S 8<sup>TH</sup> (EIGHTH) AMENDMENT TO THE CONSTITUTION OF THE UNITED STATES.

THE TEXAS DEPARTMENT OF CRIMINAL JUSTICE IS  
IN VIOLATION OF THE AMERICANS WITH DISABILITIES ACT  
AND THE REHABILITATION ACT BY CONTINUOUSLY NOT PROVIDING  
THE PLAINTIFF WITH ADEQUATE AND TIMELY TRANSPORTATION  
TO HIS OFF SITE MEDICAL APPOINTMENTS TO THE BRACE  
AND LIMB DEPARTMENT ON THE ESTELLE E-2 UNIT IN  
HUNTSVILLE, TEXAS.

DR. STEPHANIE ABRON HAS BEEN CONTACTED MULTIPLE  
TIMES BY THE PLAINTIFF, THROUGH THE PRISON POSTAL SERVICE,  
CONCERNING TDCJ'S NEGLIGENCE IN PROVIDING TRANSPORTATION  
TO AND FROM HIS SCHEDULED APPOINTMENTS AT ESTELLE  
E-2 UNIT IN HUNTSVILLE, TEXAS.

THE PLAINTIFF REQUESTED MULTIPLE TIMES FOR DR. ABRON  
TO SEND THE NECESSARY EQUIPMENT NEEDED TO CORRECT THE  
SERIOUS MEDICAL NEEDS FOR HIS PROSTHETICS AND SERIOUS  
INJURY TO HIS RIGHT STUMP.

AGAIN, DR. STEPHANIE ABRON FAILED TO GIVE ANY  
TYPE OF RESPONSE TO THE PLAINTIFF'S REQUESTS.

AGAIN, ON JANUARY 28, 2020, TDCJ OFFICIALS FAILED  
MISERABLY BY NEGLECTING TO PROVIDE TRANSPORTATION FOR  
THE PLAINTIFF.

THEREFORE, TDCJ AND UTM B ARE IN  
BREACH OF DUTY AND DUTY OF CARE.

## WITNESS LIST EXHIBIT A

THE following LIST is of THE Medical STAFF  
Employed By UTMB who HAVE FIRST HAND  
Knowledge of THE NEGLIGENCE, BREACH OF DUTY AND  
DUTY OF CARE COMMITTED BY TDCS OFFICIALS.

THE Plaintiff RESERVES THE RIGHT TO CALL THESE  
People AS HOSTILE WITNESSES, IF NEEDED.

Jessica Aubrey - NURSE LVN

Duyen Bui - NURSE LVN

Emma Davis - NURSE PRACTITIONER

Edward Delone - SENIOR PRACTICE MANAGER

Stacey Ebner - CCA

Joyce Freeman - NURSE RN

Keely Goodwin - ICN NURSE LVN

Miranda Granger - NURSE LVN

Kibarmyn Leac - NURSE RN

George Miller - PHYSICIAN

Tia Overstreet - NURSE RN

Melinda Ross - NURSE RN

Gregory Sonnier - NURSE LVN

Ricky Tarver - NURSE RN

Erica Tatmon - CCA

Randal Thomas - NURSE RN

Annuncia Wright - NURSE LVN

## Claims For Relief

### COUNT I FAILURE TO PROTECT

THE FAILURE OF THE DEFENDANT'S TO ACT ON THEIR KNOWLEDGE OF PUTTING THE PLAINTIFF A SUBSTANTIAL RISK OF SERIOUS HARM VIOLATED HIS EIGHTH (8<sup>th</sup>) AMENDMENT RIGHT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT.

AS A RESULT OF THE DEFENDANT'S FAILURE TO PROVIDE TRANSPORTATION TO SCHEDULED OFF-SITE MEDICAL APPOINTMENTS, THE PLAINTIFF WAS AT A SERIOUS RISK OF RE-ACTIVATING THE MRSA WHICH COULD CAUSE GOING GREEN AND CAUSE MORE AMPUTATION OR EVEN DEATH.

AS A RESULT OF THE NEGLIGENCE OF THE DEFENDANTS, THE PLAINTIFF SUFFERED SERIOUS PHYSICAL INJURY TO HIS RIGHT STUMP, AN OPEN WOUND THAT TOOK MORE THAN TEN (10) MONTHS TO HEAL.

THE PLAINTIFF ALSO SUFFERED SEVERE EMOTIONAL INJURIES DUE TO THE LACK OF PROPER MEDICAL TRANSPORTATION BY THE DEFENDANTS. THE PLAINTIFF WAS IN FEAR FOR HIS LIFE DUE TO THE POSSIBILITY OF RE-ACTIVATING THE MRSA AN ANTIBIOTIC RESISTANT STRAIN OF

STAPH INFECTION WHICH COULD CAUSE DEATH IF UNTREATED. THE PLAINTIFF CONTINUES TO SUFFER PHYSICAL AND EMOTIONAL PAIN DUE TO THE NEGLECT, BREACH OF DUTY AND DUTY OF CARE BY THE DEFENDANTS.



## RELIEF REQUESTED

Wherefore, The Plaintiff Declares that The Defendants Violated the Plaintiff's Eighth (8<sup>th</sup>) Amendment Rights when they failed to provide Adequate Medical Care and Transportation to off site Appointments causing Pressure Wounds and Severe Physical Pain to His Right Stump.

The Wound on the Right Stump took Ten (10) months to Heal causing the Plaintiff to be Placed in a wheel Chair and causing Extremely Tender Places on the Right Stump.

The Plaintiff Declares the Defendants Violated His Eighth (8<sup>th</sup>) Amendment Right to Medical Care.

Issue an injunction Requiring The Defendant's Medical Providers, UTM B, to Provide Physical Therapy as needed.

Award Compensatory damages for Plaintiff's Physical and Emotional Injuries, and Punitive damages Against Each Defendant; and

Grant Plaintiff Such other Relief as it may Appear Plaintiff is entitled to.

So Prays the Plaintiff  
Donald Gene Watson

## UNSWORN DECLARATION

I, Donald Gene Walton, Swears under the  
PENALTY OF PERJURY THAT THE FOREGOING DOCUMENTS ARE  
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SO PRAYS THE PLAINTIFF  
u Donald Gene Walton  
TDCJ # 02064500

## CERTIFICATION OF SERVICE

I, Donald Gene Walton, Swears under PENALTY  
OF PERJURY THAT THIS FEDERAL 1983 PACKET WAS PUT  
IN THE PRISON MAIL BOX ON FEB. 20, 2020.

u Donald Gene Walton  
TDCJ # 02064500

## EXHIBIT B

DUE TO THE PLAINTIFF'S INABILITY TO PROVIDE THE COURT COPIES, THE FOLLOWING IS A SUMMATION OF THE I-60'S, STEP 1 AND STEP 2 GRIEVANCES THAT WILL SATISFY THE 1983 AND AN INFORMAL RESOLUTION HAS BEEN ATTEMPTED.

THE PLAINTIFF SWEARS UNDER THE PENALTY OF PERJURY THAT THE SUMMATION OF THE I-60'S AND STEP 1 AND 2 GRIEVANCES ARE TRUE AND CORRECT TO THE BEST OF THE PLAINTIFF'S KNOWLEDGE AND BELIEF.

SO SWEARS THE PLAINTIFF ON THE 18<sup>TH</sup> DAY OF FEBRUARY 2020.

SO SWEARS THE PLAINTIFF  
DONALD GENE WALTON  
TDCS #02064500

FEB. 18, 2020

Donald Gene Walton

## EXHIBIT B

1.

I-60'S ATTACHED TO THE FOLLOWING PAGES ARE DATED JUNE 2018 THRU FEB. 2020 FOR A COMPLETE MEDICAL HISTORY OF A CONTINUOUS MEDICAL PROBLEM THAT HAS YET TO BE RESOLVED AND IS CAUSING THE PLAINTIFF PHYSICAL INJURY AND PAIN.

SUBJECT: State briefly the problem on which you desire assistance.

I need to be re-scheduled immediately to go to E-2 Brace & Limb Flex.

I have been bumped re-scheduled for more than 2 years. I desperately need to get to E-2 Brace & Limb to get 2 new Rubber feet & need get liners with PINS, TPE-liners and Prosthetic Socks.

Name: Donald Walton

No: 02064500

Unit: Therap

Living Quarters: 18R8

Work Assignment: Therapy Squad

DISPOSITION: (Inmate will not write in this space)

Not  
sure  
Coul

RECEIVED  
FEB 03 2020

BY: Bar

**SUBJECT:** State briefly the problem on which you desire assistance.

I need to be rescheduled **IMMEDIATELY** to go to E-2 Brace & Limb. I was created again on 1/29/20. Same Prison. Same Criminal. It has been more than 2 years since I got new gel liners, Pre liners, Rubber Feet, and Prosthetic Socks. How much longer am I going to suffer this NEGLIGENCE!! This falls under Deliberate Indifference and Violates many Rules Under THE A.D.A. and Rehabilitation Act. Violates my 8th amendment and Due Process. I NEED TO GET TO E-2 BRACE & LIMB IMMEDIATELY.

Name: Donald WALTON No: 02064500 Unit: Stiles  
Living Quarters: 18R8 Work Assignment: Utility Squad

**DISPOSITION:** (Inmate will not write in this space)

Sch with unit provia for referral  
R. Midkiff  
2/4/20

**RECEIVED**  
FEB 04 2020

BY: \_\_\_\_\_

**SUBJECT:** State briefly the problem on which you desire assistance.

TO WHOM IT MAY CONCERN, I AM REQUESTING, AGAIN, TO SEE A PROVIDER, OTHER THAN NGRSA, CONCERNING MY INJURIES RECEIVED ON 12/13/18 FROM A FALL. ALSO I NEED TO SEE A PROVIDER ABOUT GETTING MY 800mg. IBIUPROFEN LOTION, ANTI-FUNGAL CREAM AND ANY OTHER MEDICATIONS THAT MAY BE ABOUT TO EXPIRE. I ALSO NEED TO BE RESCHEDULED ASAP TO GO TO E-2 BRACE AND LIMB. THE OPEN WOUND ON MY RIGHT STUMP IS STILL NOT HEALED. IT HAS BEEN 5 1/2 MONTHS. I HAVE NOT BEEN TO E-2 BRACE AND LIMB SINCE 12/13/17. THIS IS MY FINAL ATTEMPT AT AN INTERNAL RESOLUTION. I HAVE MANY MORE THINGS TO DISCUSS WITH A PROVIDER.

Name: DONALD WALTON

No: 02064500

Unit: STILES

Living Quarters: 19W2

Work Assignment: UTILITY SQUAD

**DISPOSITION:** (Inmate will not write in this space)

Sch NSC  
R. M. K. J. R.  
4/3/19

APR 03 2019  
B1

SUBJECT: State briefly the problem on which you desire assistance. Communication of Medical Needs

TO WHOM IT MAY CONCERN.

I AM A DOUBLE AMPUTEE, (VETERAN) AND IN A WHEELCHAIR. I AM HAVING TO CONTACT CLASSIFICATION TO REQUEST MEDICAL TRANSFER TO ESTELLE UNIT. THERE IS A MEDICAL NEED OF PHYSICAL THERAPY WHICH STILES UNIT DOES NOT PROVIDE. IT IS NON-THERAPEUTIC AND UNHEALTHY ASSIGNED TO WHEELCHAIR W/O THERAPY CAUSING OTHER HEALTH PROBLEMS. MR. MILLER (M.D.) HERE @ STILES HAS MENTIONED THE MEDICAL NEED FOR A TRANSFER TO ACCOMMODATE - DISABLED (HANDICAP) PERSONS. I HOPE THESE AGENCIES TO RESPECT "REHABILITATION ACT, A.D. ACT TITLE II REGULATIONS AND OTHER STATE-FEDERAL REGULATIONS.

MY DESIRE TO WALK AGAIN SHOULD NOT BE FRUSTRATED OR DELAYED ON THE BASIS OF A "CHALLENGER'S CRITERIA" THAT VIOLATES THESE AMENDMENTS. THANK YOU.

Name: Donald Walton

No: 02664500

Unit: STILES

Living Quarters: 19W-002

Work Assignment: MED-LIAISON

DISPOSITION: (Inmate will not write in this space)

*Health*

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 1/23/19

Offender's Name: DONALD WALTON TDCJ No.: 02064500

Work Assignment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Wing No: 19W2 School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: I need to see a Provider.

Reason for Health Services Appointment: for laceration on shoulder, right wrist and wound on right stump.

How long have you had this problem? Hours: \_\_\_\_\_ Days: 40

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: you have a provider apt coming up soon watch for any in the area

Medical Staff Member's Signature

Date



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 2/14/2018

Offender's Name: DONALD WALTON

TDCJ No.: 02064500

Work Assignment: UTILITY SQUAD

Work Hours: \_\_\_\_\_

Wing No: 4D-5413

School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: DUE TO SEVERAL MEDICAL

Reason for Health Services Appointment: PERSONNEL ASKING AND SHOWING CONCERN ABOUT MY HUNGER STRIKE, I AM GOING TO DISCONTINUE

How long have you had this problem? Hours: \_\_\_\_\_ Days: \_\_\_\_\_

THE HUNGER STRIKE FOR NOW

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: \_\_\_\_\_

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 3/19/2018

Offender's Name: DONALD WALTON TDCJ No.: 02064500

Work Assignment: UT/14 Squad Work Hours: \_\_\_\_\_

Wing No: 4D-54B School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: I need to see a provider

Reason for Health Services Appointment: BECAUSE MY RIGHT PROSTHETIC IS CAUSING BRUISING AND A LOT OF PAIN ON THE BACK OF MY KNEE

How long have you had this problem? Hours: \_\_\_\_\_ Days: 10

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

RECEIVED  
MAR 20 2018

BY: \_\_\_\_\_

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: Sch NSC: right prosthetic causing pain

Medical Staff Member's Signature

Date

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

C.C. 3-9-18

PART A: (To be completed by offender)

Date: 3/9/2018

Offender's Name: Donald Walton TDCJ No.: 02064500

Work Assignment: Utility Squad Work Hours: \_\_\_\_\_

Wing No: 4D-5413 School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: I used to see a provider

Reason for Health Services Appointment: BECAUSE MY RIGHT PROSTHETIC IS CAUSING A LOT OF PRESSING ON THE BACK OF MY KNEE, VERY PAINFUL

How long have you had this problem? Hours: \_\_\_\_\_ Days: 6

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

RECEIVED  
MAR 10 2018

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: Sch NSC: prosthetic causing pain BY: \_\_\_\_\_

R. Midkiffen 3/10/18

Medical Staff Member's Signature

Date

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 12/6/18

Offender's Name: Donald Walton

TDCJ No.: 02064500

Work Assignment: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Wing No: 19W2

School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: I Really Really need to

Reason for Health Services Appointment: See a Provider (Mrs. Davis) about this open  
wound on my Right Stump

How long have you had this problem?

Hours: \_\_\_\_\_

Days: 8

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: \_\_\_\_\_

RECEIVED  
DEC 07 2018

BY: \_\_\_\_\_

Medical Staff Member's Signature

Schedule patient with  
provider ASAP, see note  
12/1/18 g/vicko  
Date

**SUBJECT:** State briefly the problem on which you desire assistance.

I HAVE Had an open wound on my Right STUMP for more than 10 days. I need to see MR. DAVIS

Name: Donald Walton

No: 02064300

Unit: STVES

Living Quarters: 19W2

Work Assignment:

**DISPOSITION:** (Inmate will not write in this space)

Patient called out and seen to problem.

Call out

O. Williams

12-8-10

**SUBJECT:** State briefly the problem on which you desire assistance.

I NEED TO HAVE A LAY-IN TO SEE MR. DAVIS ABOUT getting me to E-2 BRACE and limb to get BADLY NEEDED EQUIPMENT / PROSTHETIC SUPPLIES AND TO GET MY EFFEXOR (150mg CAPSULE) RENEWED. DR. HENDERSON HAS NOT ENTERED ANYTHING SINCE I SAW HIM IN OCTOBER. I ALSO NEED THE ANTI-FUNGAL CREAM AND MEDICAL SUPPLIES (TAPE, TAO, 4x4 GAUZE) RENEWED. MY RIGHT STUMP IS IN VERY BAD CONDITION FROM WORN OUT GEL LINERS AND WORN OUT PROSTHETIC SOCKS. PLEASE SCHEDULE AN APPOINTMENT AS SOON AS POSSIBLE. I NEED HELP AND MR. DAVIS IS THE ONLY PROVIDER WHO WILL HELP ME.

Name: DONALD WALTON

NOV 29 2018

No: 02064500

Unit: Stiles

Living Quarters: 19W2

BY: \_\_\_\_\_

Assignment: Utility Squad

**DISPOSITION:** (Inmate will not write in this space)

Schedule NSE.  
Works Effexor for pain,  
Anti fungal cream, med  
Supplies and eval Right  
Stump for lesions.

You are scheduled with B+L  
await appt  
You had appt with provider on  
11/16/18 and did not want to remove  
prosthetic legs for provider to examine  
stumps. SV

**SUBJECT:** State briefly the problem on which you desire assistance.

I would like to see DR. HENDERSON CONCERNING MY VISIT TO NEUROLOGY IN GALVESTON 2 WEEKS AGO. I ALSO NEED TO GET MY MEDS RENEWED. I NEED TO ASK ABOUT MY GEO MAT AND GETTING HIM TO SEND ALL ~~DATA~~ E-MAIL TO DR. APRON AT BRACE AND LIND AND ASK HER TO SEND ME 2 PAIR OF GEL LINERS, PROSTHETIC SOCKS ~~AND~~ ANTI-BACTERIAL SOCKS, AND A NEW PAIR OF SIZE 10 1/2 MEDICAL SHOES. I HAVE CONFISCATION PAPERS FOR THE SHOES. I AM IN DIRE NEED OF ALL THESE THINGS. EVIDENTLY MY MEDICAL NEEDS ARE NOT CONSIDERED PRIORITY AND THEREFORE I GET BUMPED AND AM NOT ALLOWED TO GO TO ESTELLE 2 FOR MY SUPPLIES.

Name: DONALD WALTON

No: 02064500

Unit: ST/MES

Living Quarters: 19 W 2

Work Assignment: UTILITY SQUAD

**DISPOSITION:** (Inmate will not write in this space)

You are scheduled to go to Prosthetics in October.

\* Sch NSC: wants to discuss neurology visit with provider/discuss geo matt

R. Midkiffen

7/16/18



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 6/28/2018

Offender's Name: Donald Walton

TDCJ No.: 02064500

Work Assignment: Utility Squad

Work Hours: \_\_\_\_\_

Wing No: 4D-54B

School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: I need to be Rescheduled to go

Reason for Health Services Appointment: To ESTELLE BRACE Link ASAP. I did not get to go on the  
6/27/18 BECAUSE I am Not Priority. PLEASE HELP

How long have you had this problem?

Hours: \_\_\_\_\_

Days: \_\_\_\_\_

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: \_\_\_\_\_



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SERVICES DIVISION  
SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 6/28/18

Offender's Name: ~~Donald Walton~~ Donald Walton

TDCJ No.: 02064300

Work Assignment: Utility Squad

Work Hours: \_\_\_\_\_

Wing No: 4D-54B

School Hours: \_\_\_\_\_

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: I need to be Rescheduled ASAP

Reason for Health Services Appointment: to go to Estelle Brace & Lind. They canceled me yesterday. They said I was not priority

How long have you had this problem?

Hours: \_\_\_\_\_

Days: \_\_\_\_\_

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: \_\_\_\_\_

Medical Staff Member's Signature

Date

CSIMSS08  
DATE 02/06/20

TDCJ - INSTITUTIONAL DIVISION  
HEALTH SERVICE SYSTEM  
INDIVIDUAL HISTORY

TIME 15:01:54

NAME WALTON, DONALD GENE

TDC NUMBER 02064500 UNIT ST REASON FOR ASGN MEDICAL RE  
UTMB NUMBER SID NO: 05116719  
BIRTHDATE [REDACTED] 1965 AGE 54 SEX M RACE W

TYPE	DATE	TIME	FACL	SERV	PR	DISP	OTHER	REVIEWED	APPR
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
APT	032719	0800	E2	PROST	RSC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
APT	022719	0800	E2	PROST	RSC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
APT	042519	0800	E2	PROST	RSC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
APT	032819	0800	E2	PROST	RSC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
APT	032719	0800	E2	PROST	RSC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
APT	042419	0800	E2	PROST	RSC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

MORE DATA RECORDS ON FILE HIT "ENTER" FOR NEXT SET OF RECORDS  
ENTER NEXT FUNCTION AND/OR TDC NUMBER OR SID NUMBER  
PA1-RETURN TO MENU PF3-END PF1-HELP

AN E-MAIL WAS SENT TO SECURITY AT 07:30 ON 2/19/20 CANCELING MY  
SCHEDULED APPOINTMENT AT BRACE AND LIMB E-2 ESTELLE UNIT.

THIS E-MAIL WAS WRITTEN AND SHOWN TO ME BY CCA STACEY EBNER  
AT 06:00 ON 2/20/20. THE EXCUSE LISTED ON SAID E-MAIL WAS NO  
WHEEL CHAIR VEHICLE WAS AVAILABLE. SAME STANDARD EXCUSE THAT HAS BEEN  
USED EVERY TIME.

ON 2/20/20 @ 11:50 AM I WAS INTERVIEWED BY SOMEONE FROM HUNTSVILLE  
ABOUT A MEDICAL GRIEVANCE I FILED ABOUT NOT GETTING PROPER MEDICAL CARE  
FOR MY LEGS. I POINTED OUT THAT PART OF THE RESPONSE ON THE GRIEVANCE  
ABOUT ~~ME~~ RECEIVING ALL SOFT PROSTHETIC SUPPLIES WAS A FALSE STATEMENT  
AND THAT THIS WAS NOT THE FIRST TIME DOCUMENTS HAVE BEEN FALSIFIED.  
THE MEDICAL REPRESENTATIVE ASSURED ME SHE WOULD INVESTIGATE  
FURTHER.

NAME WALTON, DONALD GENE

TDC NUMBER 02064500	UNIT ST	REASON FOR ASGN	MEDICAL RE
UTMB NUMBER	SID NO:	05116719	
BIRTHDATE [REDACTED] 1965	AGE 54	SEX M	RACE W

[illegible]

APT 052919\* 0800 E2 PROST

RSC

APT 062619 0800 E2 PROST

RSC

APT 072419 0800 E2 PROST

RSC

APT 082819 0800 E2 PROST

RSC.

APT 102319 0800 E2 PROST

RSC

[REDACTED]



\_\_\_\_\_

\_\_\_\_\_

[REDACTED] [REDACTED]

CLC

\_\_\_\_\_



AR 115 0000



MORE DATA RECORDS ON FILE

HIT "ENTER" FOR NEXT SET OF RECORDS

ENTER NEXT FUNCTION

AND/OR TDC NUMBER

OR SID NUMBER

PA1-RETURN TO MENU PF3-END PF1-HELP

DEGRAFINREID v. RICKS, 417 F. Supp. 2d 403 (S.D. N.Y. 2006)

**HOLDINGS:** The District Court, Sweet, J., held that:

- (1) INTERVENTION would be allowed;
- (2) decision would be Reconsidered, in light of INTERVENING Supreme Court Decision;
- (3) Claimant could PERSUE ADA damages claim against officials, in THEIR official Capacities;
- (4) WAIVER of SOVEREIGN immunity had OCCURRED in connection with REHABILITATION Act claim; And
- (5) GUARDS WERE NOT entitled to qualified immunity.

U.S.C.A. Const. Amend. 11; Rehabilitation Act of 1973 § 504, 29 U.S.C.A. § 794; ADA of 1990, § 202 et. seq., 42 U.S.C.A. § 12132 et.; Fed. Rules Civ. Proc. Rule 24(b), 28 U.S.C.A.

Prison inmate stated claim for monetary damages against state, under Americans with Disabilities Act (ADA), through allegations that constituted showing of deliberate indifference to inmate's medical condition in violation of Eighth Amendment.

The deliberate indifference standard includes both an objective and subjective component. *Chance v. Armstrong*, 143 F.3d 698, 702 (2d Cir. 1998). In objective terms, the alleged deprivation must be sufficiently serious. *Hathaway*, 37 F.3d at 66. A serious medical condition exists where "the failure to treat a prisoner's condition could result in further significant injury or the unnecessary and wanton infliction of pain."

*Chance*, 143 F.3d at 701-02 (quoting *Gutierrez v. Peters* 111 F.3d 1364, 1373-74 (7th Cir. 1997)). "Factors that have been considered include" the existence of an

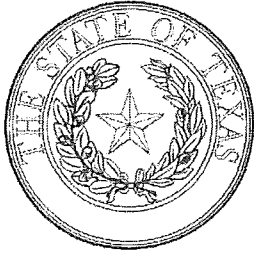
( INJURY THAT A REASONABLE DOCTOR OR PATIENT WOULD FIND IMPORTANT AND WORTHY OF COMMENT OR TREATMENT; THE PRESENCE OF A MEDICAL CONDITION THAT SIGNIFICANTLY AFFECTS AN INDIVIDUAL'S DAILY ACTIVITIES; OR THE EXISTENCE OF CHRONIC AND SUBSTANTIAL PAIN. (Quoting *McGuckin v. Smith*, 974 F.2d 1050, 1059-60 (9th Cir. 1992)).

U.S. v. GAUDIN 115 S.Ct. 2310

Section II Pg. 2313

[1] SECTION 1001 OF TITLE 18 PROVIDES:

"WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSITIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000<sup>OR</sup> OR IMPRISONED NOT MORE THAN 5 YEARS, OR BOTH.



## Texas Department of Criminal Justice

Bryan Collier  
Executive Director

May 9, 2019

OFFENDER: WALTON, DONALD GENE TDCJID: 2064500 Facility: STILES

The Patient Liaison Program no longer accepts complaints from the offender population. Your letter is being returned and you are directed to follow the below listed procedures if you chose to file a complaint about your health care (medical, dental and/or psychological).

The health care at the STILES facility is the responsibility of the UTMB-CMHC.

Each facility has an Informal Complaint Process in place. If you have a medical, dental and or psychiatric related complaint, you must first attempt resolution through this process. You may submit an I-60 and or letter to the facility based Complaint Coordinator: PRACTICE MANAGER.

Please allow sufficient time for a response. If you are dissatisfied with the response from this process you may proceed with the offender grievance process (I-127 AND I-128). Remember that all offender grievances must be submitted to your unit grievance office.

Please follow these procedures for all future complaints about your health care.

Sincerely,

TDCJ Health Services Division  
Office of Professional Standards  
Patient Liaison Program

MW/dv

Reference No. : 1900t0000000713

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*Our mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.*

P.O. Box 99  
Huntsville, Texas 77342-0099  
(936) 295-6371  
[www.tdcj.state.tx.us](http://www.tdcj.state.tx.us)

1062

SUBJECT: State briefly the problem on which you desire assistance. Communication of Medical Needs

TO WHOM IT MAY CONCERN.

I AM A DOUBLE AMPUTEE, (VETERAN) AND IN A WHEELCHAIR. I AM HAVING TO CONTACT CLASSIFICATION TO REQUEST MEDICAL TRANSFER TO ESTELLE UNIT. THERE IS A MEDICAL NEED OF PHYSICAL THERAPY WHICH STILES UNIT DOES NOT PROVIDE. IT IS NON-THERAPUTIC AND UNHEALTHY ASSIGNED TO WHEELCHAIR W/O THERAPY CAUSING OTHER HEALTH PROBLEMS. MR. MILLER (M.D.) HERE @ STILES HAS MENTIONED THE MEDICAL NEED FOR A TRANSFER TO ACCOMMODATE - DISABLED (HANDICAP) PERSONS. I HOPE THESE AGENCIES TO RESPECT "REHABILITATION ACT, A.D. ACT-TITLE II REGULATION AND) OTHER STATE-FEDERAL REGULATIONS.

MY DESIRE TO WALK AGAIN SHOULD NOT BE FRUSTRATED OR DELAYED ON THE BASIS OF A "CHALLENGER'S CRITERIA" THAT VIOLATES THESE AMENDMENTS. THANK YOU.

Name: Donald Walton No: 02664500 Unit: STILES

Living Quarters: 19W-002 Work Assignment: MED-LIN ASS'ND

DISPOSITION: (Inmate will not write in this space)

Health

To whom it may concern,

2/21/19

I am making a final attempt to informally resolve a serious problem. I have sent several letters to your department since March 2018. Nobody has responded. Please review the enclosed copy of my Grievance and an I-60 I sent in April 2018. I desperately need new gel liners, pre-socks and prosthetic socks and medical shoes.

Medical is guilty of malpractice and life endangerment. I have sent several letters to your department, UTMB Board of Directors and to Huntsville complaining about my problem. I have an open wound on my right stump. It has been there since October 2018. All of my equipment is worn out and is creating serious medical issues. Please help resolve this problem. Thank you for your time and cooperation.

Very Sincerely

Donald Walton

Donald Walton 02064500

Stiles Unit 3060 FM 3514

Bermeas, TX 75505

P.S. I was bumped/rescheduled more than 7 times in 2018. The last time was 12/12/18. Everytime someone puts in the computer I was a NO SHOW. THAT IS A LIE. I HAVE NEVER REFUSED ANYTHING NOR HAVE I EVER NOT SHOWED UP.

you no showed for your prost appt. 6/27/18!  
you have an appointment for prost 3/27/19.

3/11/19 @3x